



STATE OF DELAWARE
DEPARTMENT OF FINANCE
DIVISION OF ACCOUNTING
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MEMORANDUM
#01-12

TO: All Department & School Fiscal Officers
FROM: Clifford B. Edwards, Director
DATE: May 18, 2001
SUBJECT: TENTATIVE FY 2002 FRINGE BENEFITS COSTS

Tentative charges for fringe benefits for **Fiscal Year 2002** are as follows (if there are any changes you will be promptly notified):

F.I.C.A. - EMPLOYER'S SHARE

The Maximum Old Age Survivors Disability Insurance (O.A.S.D.I.) withholding effective for the period July 1, 2001 through December 31, 2001 is based on earnings of \$80,400 at a rate of 6.2%. The earnings maximum for Medicare withholding effective for the period July 1, 2001 through December 31, 2001 is unlimited at a rate of 1.45%. Effective **January 1, 2002**, the employer rate is expected to remain 6.2% for O.A.S.D.I. and 1.45% for Medicare. The O.A.S.D.I. maximum earnings is estimated to be \$84,900 and the Medicare maximum earnings will be unlimited.

PENSION

The pension cost calculation rate for **FY 2002** is currently expected to be 8.67%.

Memorandum #01-12
May 18, 2001
Page Two

HEALTH INSURANCE

Effective July 1, 2001 the State's contribution for eligible employees is attached. An eligible employee is one with three (3) months or more continuous full-time service.

WORKER'S COMPENSATION/DEFERRED COMPENSATION MATCH

The rate effective July 1, 2001 for FY 2002 is expected to be 1.37% of payroll.

UNEMPLOYMENT INSURANCE

The rate effective July 1, 2001 for FY 2002 is expected to be 0.12% of payroll.

NOTE: All employer fringe benefits above will automatically be charged to budgetary accounts.

All payroll recordings (Object codes 1001-1199) are to be done on an EX form. For schools, all General Fund payroll appropriations 0101 through 0136, and 0138 will have employer fringe benefits charged to appropriation 0139. For all non-school agencies, salaries will be charged to appropriation 0137 and will have fringes charged to 0137. Therefore, unless payroll recordings are between schools' General Fund appropriations 0101 and 0136, and 0138, the EX form must also show recoding of all applicable fringe benefits between the payroll accounts being recoded.

CBE/bb

Attachment

NEW RATES EFFECTIVE JULY 1, 2001

	Total Monthly Rates	State Pays	Employee Pays
BLUE CROSS BLUE SHIELD OF DELAWARE			
Basic Plan			
Employee	\$273.66	\$273.66	\$ 0
Employee & Child(ren)	411.22	411.22	0
Employee & Spouse	558.54	558.54	0
Family	697.38	697.38	0
First State Health Plan			
Employee	\$277.24	\$273.66	\$ 3.58
Employee & Child(ren)	419.98	411.22	8.76
Employee & Spouse	570.48	558.54	11.94
Family	712.32	697.38	14.94
Comprehensive Plan			
Employee	\$312.16	\$273.66	\$38.50
Employee & Child(ren)	476.26	411.22	65.04
Employee & Spouse	640.06	558.54	81.52
Family	799.36	697.38	101.98
BlueCARE®			
Employee	\$286.04	\$273.66	\$12.38
Employee & Child(ren)	432.86	411.22	21.64
Employee & Spouse	596.86	558.54	38.32
Family	743.86	697.38	46.48
COVENTRY HEALTH CARE OF DELAWARE, INC.			
Employee	\$290.46	\$273.66	\$16.80
Employee & Child(ren)	441.56	411.22	30.34
Employee & Spouse	596.34	558.54	37.80
Family	742.36	697.38	44.98
DENTAL—BLUE CROSS BLUE SHIELD OF DELAWARE			
DentaHealth Plus			
Employee	\$ 16.76	\$ 0	\$16.76
Employee & Child(ren)	33.98	0	33.98
Employee & Spouse	28.06	0	28.06
Family	39.90	0	39.90
DENTAL—UNITED CONCORDIA COMPANIES			
Dental HMO			
Employee	\$ 16.08	\$ 0	\$16.08
Employee & Child(ren)	30.08	0	30.08
Employee & Spouse	32.14	0	32.14
Family	49.40	0	49.40
Dental PPO (Preferred Provider Organization)			
Employee	\$ 17.40	\$ 0	\$17.40
Employee & Child(ren)	34.86	0	34.86
Employee & Spouse	35.50	0	35.50
Family	58.16	0	58.16
Dental Indemnity			
Employee	\$ 25.32	\$ 0	\$25.32
Employee & Child(ren)	50.42	0	50.42
Employee & Spouse	50.78	0	50.78
Family	83.50	0	83.50

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